

INDIVIDUAL PLAN FOR EMPLOYMENT

The Employment Plan system is designed to initiate and carry out an Individual Plan for Employment (IPE) consistent with the individual's unique strengths, priorities, career interests, and informed choice. The Employment Plan system consists of four major processes in the planning and provision of agency services to clients.

1. Explanation of the client's rights and responsibilities - This form is used at the time of application to inform the client of what they can expect from the agency and what will be expected of them. Similar information appears on the back of the IPE-2 and IPE-3. This information is an integral part of the Employment Plan. It is imperative that these expectations are understood and honored by all parties.
2. Employment Plan (IPE-2) - This form is the initial plan spelling out how the client will prepare for, obtain, or retain suitable gainful employment. If an employment plan is not successful and/or the vocational goal is substantially changed, it may be necessary to complete a revised initial plan on this form.
3. Employment Plan Review/Closure (IPE-3) - This is used for Employment Plan progress reviews, as well as minor changes in the vocational goal or goal date. It is also used to close a file. Post-employment services must be provided under an amendment to the Employment Plan that the individual previously completed. This is where the post-employment needs, conditions, and timelines would be recorded.

IPE-1 APPLICANT'S RIGHTS AND RESPONSIBILITIES

Agency representative should give the client time to look over the form and then review it item by item. The agency representative will answer any questions that the client might have about the meaning of any of the items on the form. If the client needs assistance in understanding this material, the agency representative should involve parents, guardians, special interpreters, or other client representatives, as needed.

The client (or client and representative) and the agency representative each sign two copies of the form. If the client is under the age of eighteen the signature of a parent, guardian, or other legally recognized representative is also needed on the form. One copy is retained by the client, the other is filed in the agency casefile.

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Should the client refuse to sign the form, but indicate a desire for services, the agency representative will sign and date both copies. One copy will be given to the client. The other copy will be filed in the casefile, with a notation that the client refused to sign, and the reason the client refused to sign.

IPE-2 EMPLOYMENT PLAN

The initial Individual Plan for Employment can be developed and placed on the IPE-2 form in one, or a combination, of four ways:

1. The client may complete the form by themselves.
2. The client may get someone to complete the form for them.
3. The client and another person may complete the form together.
4. The client and counselor may complete the form together.

All four possibilities should be discussed with the client at the time of the eligibility determination. Copies of the IPE-2 should be provided to the client and others, as requested.

The client must also be informed that regardless of who creates the IPE-2, it does not go into effect until it is signed by both the client and counselor.

NAME: Enter the name of the client.

EMPLOYMENT GOAL: Enter the occupation the client has selected. The goal should be as specific as possible. Very general statements, such as "Professional", are not acceptable.

WEEKLY HOURS WORK GOAL: Enter the number of hours per week that the client is planning to work when they reach their employment goal (less than 20 hours per week would require an exception).

EXPECTED COMPLETION DATE: Enter the date (month/year) by which all the services, including placement and a minimum of 90 days of follow-up after the individual is stable on the job (has been in Status 22 a minimum of 90 days), are expected to be completed.

NEXT REVIEW DATE: A review should be scheduled individually to correspond to the client's needs, as reflected in other portions of the plan. The review should be made to correspond with some logical event in the plan, such as mid-term grade reports, bi-monthly review of progress in therapy, or some other event which would provide reason for the agency representative and client to make a formal effort to assess progress. If there are any significant changes in the plan, this would require the counselor to be involved in the review process. It will be held no later than one year from the date the form is signed. Scheduled reviews require completion of the IPE-3 section related to reviews and revisions.

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SERVICES NEEDED: Check all that are necessary to accomplish the goal.

DURATION: On the lines following each service that is checked enter the month/year the service is expected ~~%to~~ begin+ and the month/year each is expected ~~%to~~ end+

PROVIDED OR ARRANGED BY: Indicate who will be involved in providing and arranging the service. If IVRS will be involved in arranging or paying for the service, check the IVRS column. If the client will be involved in arranging or paying for the service, check the Client column. If the service will be arranged or paid for through some other source, check the Other column. Check all columns that apply.

SERVICES DELIVERED BY/NOTES: Enter the name of the person or agency you believe will actually deliver the service. If there is more than one, enter all that will be involved. If it is known that the service will be needed, but it is too early to have identified a provider, indicate that the provider is still to be determined. Enter any notes which might be helpful to the client.

CLIENT RESPONSIBILITIES: Check the items that apply to the specific plan developed with the client.

For academic or business/vocational training the counselor and client shall jointly determine, and enter in this Employment Plan, the agreed-upon standard of a reasonable required grade point average. If the standards are not met, the client and counselor shall jointly agree on a different standard of a reasonable required grade point average, or develop a new goal and program of services.

For other plans, a progress standard may be jointly developed by the client and the counselor to assist in the completion of the program.

It is expected that the ~~%General+~~ box will be checked in all cases. The ~~%Placement+~~ box should be checked in most situations, unless the client has already been promised a job or is employed.

Things I need to do to be successful in preparing for, finding, and keeping a job: After discussion with the client enter specifics that s/he needs to do in their particular program to be successful.

REVIEW METHODS: Check the items which will be used to assess progress.

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COUNSELOR CONCERNS: Enter any specific concerns you have with this client being able to successfully complete this program.

TERMS AND CONDITIONS: Comparable Services and Benefits Involvement - Indicate the source and amount of dollars or services, if known, to be provided as a similar benefit to the client in this program. If the actual amount is not yet known, indicate what is being sought (ex.: Pell Grant application).

Supported Employment Extended Services Provider - If the plan is for supported employment, this line must list the entity that will provide the extended services after vocational rehabilitation services have been completed and the individual has been in a stabilized employment setting for at least 90 days. If it is not possible to identify the provider at the time the plan is developed, this line will contain a statement explaining the basis for concluding that there is a reasonable expectation that extended services will become available. The long-term funding must be identified as outlined by regulations.

TICKET TO WORK: the client signature on the employment plan verifies the ticket assignment to IVRS unless otherwise directed by the client and so noted.

CLIENT/COUNSELOR COMMENTS: A space is provided for any of the parties to use to comment on the plan.

SIGNATURES: Lines are provided for both client and counselor signatures. Usually an Employment Plan is completed in the presence of the client and signed by both parties. Occasionally, the plan may be developed by phone, signed only by the counselor, and the client's copy mailed. In this instance, the counselor would indicate "By Phone" on the client signature line. The date of the Employment Plan must be the same as or later than the date of the Certification of Eligibility. If the client is under 18 or has a court appointed guardian the second signature line must be completed.

IPE-3 EMPLOYMENT PLAN: REVIEW/CLOSURE

NAME: Enter the name of the client.

PURPOSE: Check the one that applies to this situation. (NOTE: In some situations more than one can be checked.)

PLAN REVIEW/CHANGE:

REVISED GOAL: If the plan has been changed to call for a slightly different vocational goal, enter the new one here. If the change a large one, a new IPE-2 for the new goal should be completed.

REVISED GOAL DATE: If the Plan review results in the need to amend or modify the goal date, enter the new date here.

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REASON FOR REVISION: Include a short entry indicating why the goal and/or goal date has been changed.

BASED ON THE RESULTS OF THIS REVIEW: Check one of the first three items; continuing, changed, or interrupted. Next, check all the appropriate subsequent items and enter any additional activities needed on the lines provided.

NEXT REVIEW DATE: This date can be no longer than one year from the date the form is completed.

CLOSURE:

REASON FOR CLOSURE: Enter any statement you believe will clearly convey to the client the reason the case is being closed. On Supported Employment cases, enter a description of the extended services that have been arranged or will be provided to the client.

JOB TITLE: Enter the name of the job in which the client is employed. This line and the next one must be completed on all closures in Status 26.

SOC CODE: Enter the first six digits of the SOC Code for the job the individual is doing at closure.

EMPLOYER NAME AND ADDRESS: Enter the name and address of the employer.

HOURS PER WEEK: Enter the number of hours the client worked for the identified employer for pay in an average week at the time of closure.

WAGE: Enter the wage the client receives from the employer.

PER: Indicate the unit represented by the wage figure in the previous item. Units could be hour, week, month, year, or piece rate (unit).

WEEKLY EARNINGS: Enter the earnings (to the nearest dollar) the client had in the week prior to closure. The wage times the number of units (Per) must equal this amount.

DATE BEGAN: Enter the date the client began employment in that job for that employer. It must be at least 90 days prior to the date of the closure on cases closed as rehabilitated.

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SERVICES PROVIDED, etc.: All three must apply for a closure into Status 26 to be justified. The items must be checked on all Status 26 closures.

SUPPORTED EMPLOYMENT CLOSURES: Cases closed successfully in supported employment must have all the %Services provided, etc.+items checked and the name of the extended services provider entered on this line.

POST EMPLOYMENT SERVICES: One of the three boxes must be checked on every case, indicating the results of an assessment of the client's need for post employment services. The %Not anticipated, contact us if needed+ or %Planned for+ box is checked on all Status 26 or Status 32 cases. %Not Applicable+ should be checked for all cases closed in Status 28 or Status 30.

When it is determined that an individual is in need of post-employment services, that box would be checked in the %Purpose+ section at the top and the %Review/Change+ section of the form completed.

COMMENTS: This section is provided for any comments the client or counselor would like to make.

SIGNATURES:

The form is to be signed and dated by the client or client's representative and the agency representative, whether the %Review/Change+ or %Closure+ section was completed. When there is a plan amendment the Counselor and client must both sign the plan. If there is a plan review with no changes, an agency representative can sign along with the client. At the time of closure, an agency representative can provide a signature. If the client contact is done by phone, indicate this on the client signature line, copy the form, and then sent it via mail to the client with a self-addressed stamped envelope. Documentation of attempts to get the client signature is necessary, and certified mail is allowable. If the client refuses to sign or is unavailable to sign, indicate the reason for the lack of signature on the client signature line. If the client fails to cooperate repeatedly in the progression of the case, the client should be advised that such action is a connotation of failure to cooperate and could lead to a program interruption or case closure, to which the client has the right to appeal.

The original copy is given to the client. The carbon is filed in the casefile.

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